Workforce Race Equality Standard Report 2020/2021

Contents

Introduction and Background

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS Standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16. From 2017, independent healthcare providers were required to publish their WRES data.

With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to support and help make the necessary changes.

The next phase of the WRES focuses on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change the deep rooted cultures of race inequality in the system, learn more about the importance of equity, and build capacity and capability to work with race.

Continuous embedding of accountability to ensure key policies has race equality built into their core, so that eventually workforce race becomes everyday business.

The WRES will continue to work to evidence the outcomes of the work that is done, publishing data intelligence and supporting the system by sharing replicable good practice.

Summary

This report contains information in relation to our workforce and the NHS Workforce Race Equality Standard (WRES). The WRES has nine standards and this report is written in response to each of the standards. Please note for 2020 we do not have to report on Indicators 5-8 as part of the WRES submission as these are reported separately as part of the National NHS staff survey.

This report discusses actions taken to date, describing some improvements between 2020 and 2021 but also describes targeted action to create a succession plan for the future that is inclusive of our BME workforce.

The report details the WRES workforce data and presents the information in a very visual format, the graphs are a visual representation and may be an appropriate way to share our information with our workforce and embed the reasons that the actions in this plan are so important.

The statistics within the report have been captured from the NHS ESR system and the calculations have been carried out manually by the ESR team. Indicators 5 - 8 have been extracted from the NHS staff survey dashboard.

1.0 Employee Ethnicity in Workforce

1.1 Population demographics

The local population for the Sandwell and West Birmingham area has the ethnicity breakdown as follows (2011 Census Data)

	Sandwell	West Birmingham	Total across Sandwell & West Birmingham
BME	27.70%	52.90%	40.90%
White	70.00%	45.60%	57.50%
Other	1.30%	1.50%	1.40%

Our workforce data below demonstrates the % distribution of White and BME employees in 2020 and 2021. The data suggests an overall decrease of 3% for white employees from 2020 to 2021 and a 3% increase in the number of employees who have not declared their ethnicity whilst the % BME employees have remained the same. The data for 2020 and 2021 reports both white and BME % below that of the local population; however 12% of employees have not declared their ethnicity therefore this may be a contributory factor in both BME and white showing numbers below the local population.

SWBH Total Workforce	2020	No of staff	%
	White	3641	51
	BME	2868	40
	Unknown	637	9

2021	No of staff	%
White	3533	48
BME	2985	40
Unknown	862	12

Our data demonstrates that the medical workforce is over-represented in % of BME employees and the Agenda for Change (AfC) pay bands and Very Senior Manager (VSM) employees are both under-represented in the % of BME employees of our Trust % employee total. The tables below demonstrate the medical, AfC and VSM workforce % numbers as a total of the whole Trust total (headcount).

Medical Workforce	2020	No of staff	%
	White	223	26
	BME	472	55
	Unknown	164	19

2021	No of staff	%
White	226	24
BME	516	55
Unknown	197	21

AfC and VSM Workforce	2020	No of staff	%
	White	3418	54
	BME	2396	38
	Unknown	509	8

2021	No of staff	%
White	3324	50
BME	2477	38
Unknown	758	12

1.2 Our Workforce by Band

The graphs below demonstrate for both AfC and VSM by Band the proportion of the workforce who are White and BME in each of the Bands. In 2020 the graph demonstrates a significant decline in the number of BME employees above Band 6. This continues in 2021.

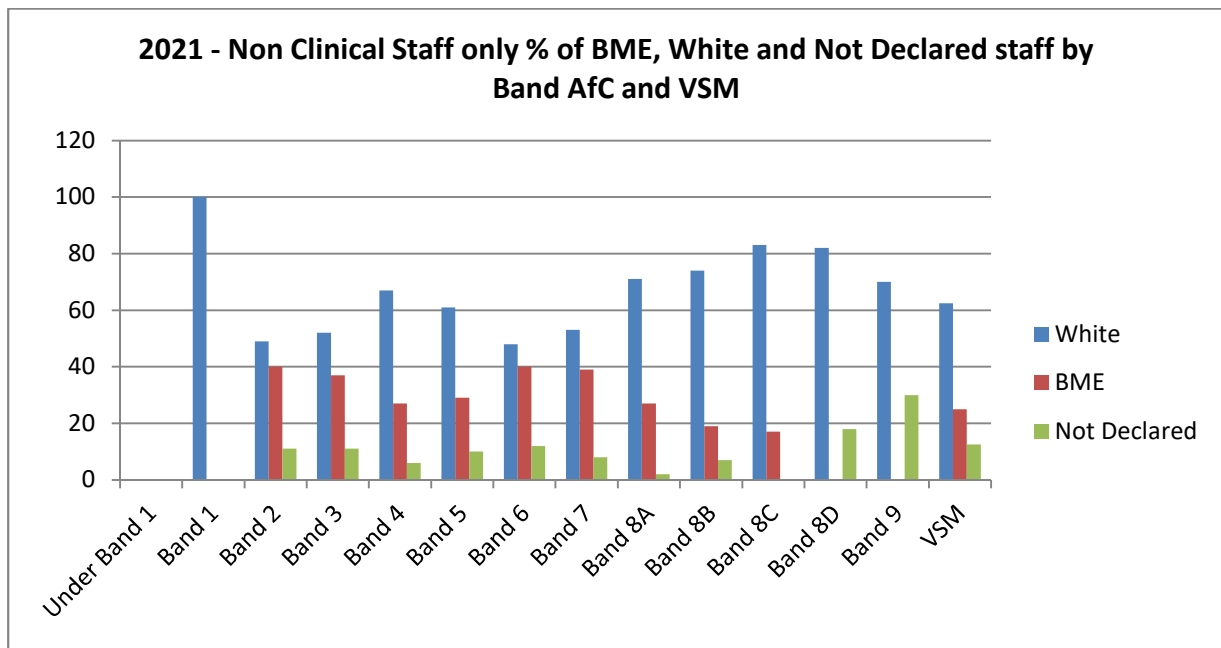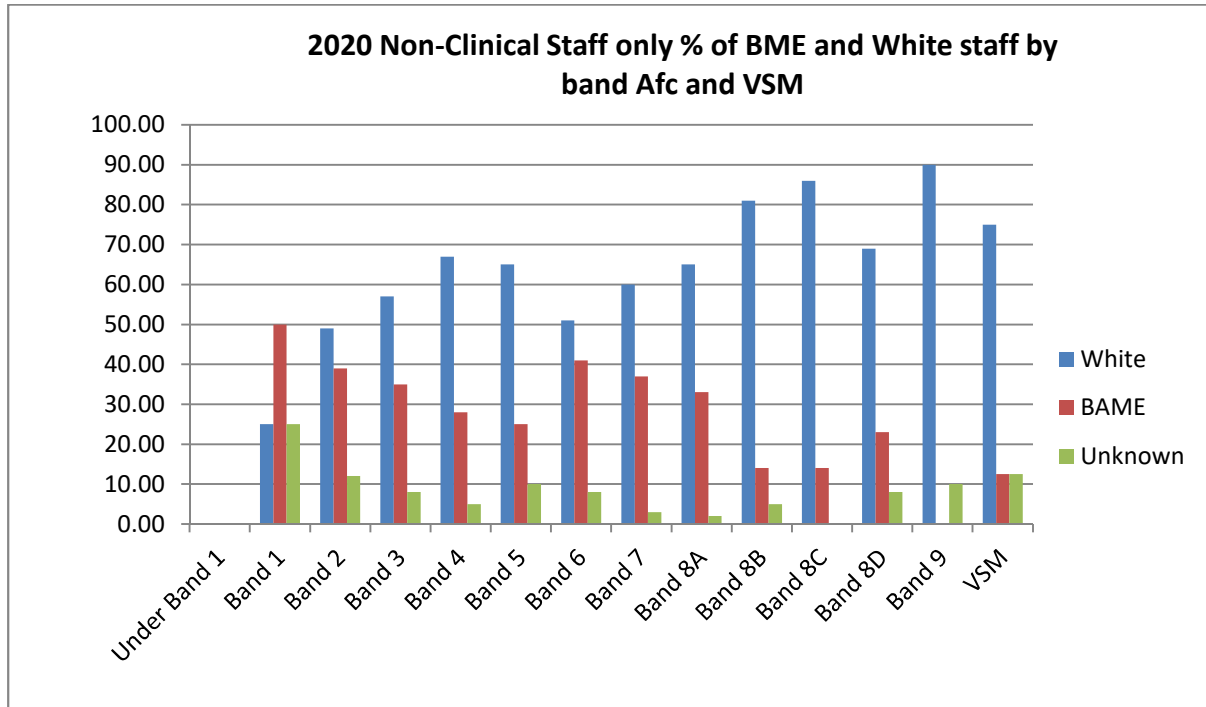| INDICATOR	DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME
		1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified fig
	1	Under Band 1	Headcount	0	0	0	0	0
	2	Band 1	Headcount	1	2	1	1	0
	3	Band 2	Headcount	336	273	83	366	295
	4	Band 3	Headcount	199	122	29	175	126
	5	Band 4	Headcount	206	86	17	232	94
	6	Band 5	Headcount	94	37	14	94	44
	7	Band 6	Headcount	56	46	9	50	42
	8	Band 7	Headcount	38	23	2	37	27
	9	Band 8A	Headcount	34	17	1	41	16
	10	Band 8B	Headcount	30	5	2	32	8
	11	Band 8C	Headcount	18	3	0	19	4
	12	Band 8D	Headcount	9	3	1	9	0
	13	Band 9	Headcount	9	0	1	7	0
1	14	VSM	Headcount	6	1	1	5	2
Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce		1b) Clinical workforce of which Non Medical						
	15	Under Band 1	Headcount	0	0	0	0	0
	16	Band 1	Headcount	2	0	1	1	0
	17	Band 2	Headcount	251	201	59	127	143
	18	Band 3	Headcount	403	321	65	434	374
	19	Band 4	Headcount	91	46	12	103	56
	20	Band 5	Headcount	418	605	127	378	579
	21	Band 6	Headcount	680	414	58	652	434
	22	Band 7	Headcount	386	136	21	386	163
	23	Band 8A	Headcount	108	42	3	106	49
	24	Band 8B	Headcount	20	10	1	26	10

2020 - Total staff ethnicity - % of White BME and unknown by Band Afc, VSM and Medical and Dental

2021 -Total staff ethnicity - % of White, BME and uknown by Band, AfC, VSM and Medical and Dental
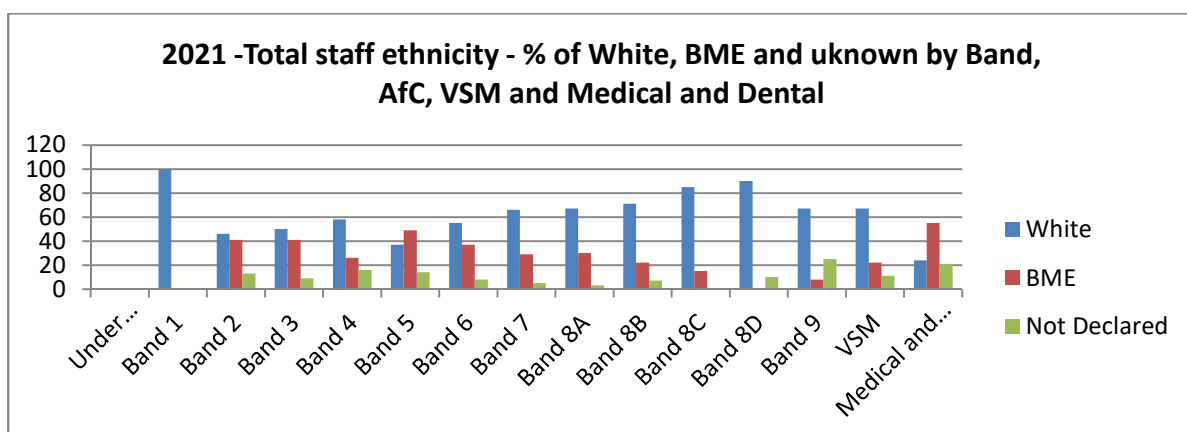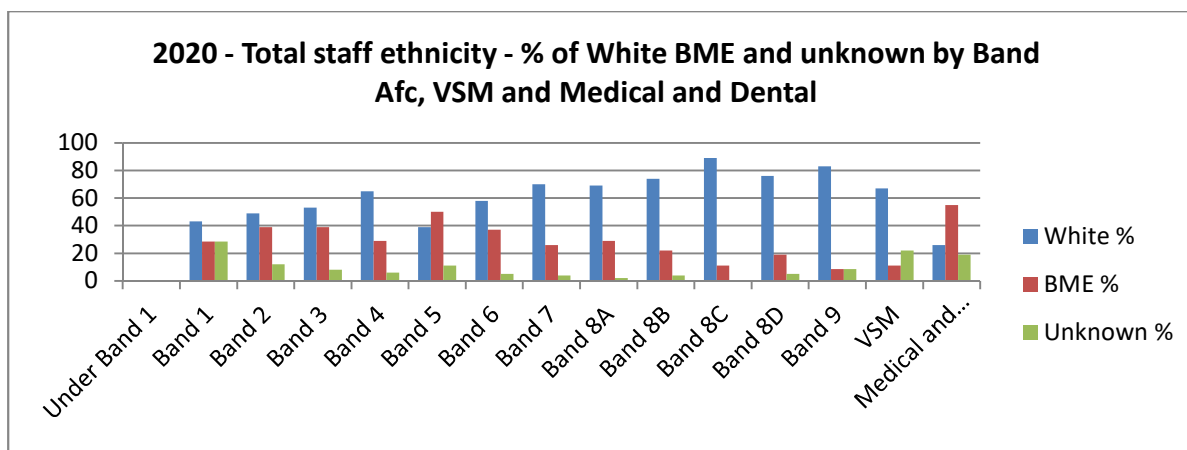
1.3 Our Non-clinical workforce

The graph below shows the above data into Clinical and Non-clinical employees.

For Non-clinical employees the data shows that in 2021 there is a significant increase in BME staff at VSM level.

2020 Non-Clinical Staff only % of BME and White staff by band Afc and VSM

2021 - Non Clinical Staff only % of BME, White and Not Declared staff by Band AfC and VSM

The tables above show that there has been an increase in BME colleagues at VSM level with a decline at Band 8A and 8D.

1.4 Our Clinical Workforce

The Graphs below demonstrates the distribution of BME and White staff in Clinical roles for both 2020 and 2021. This data demonstrates that there is a higher percentage of staff in Band 5 clinical roles that identify as BME; this would indicate that there is a requirement to develop and our BME colleagues to become the managers and executives of the future.

2020 Clinical staff % of BME and White Staff by Band Afc, and VSM

2021 - Clinical Staff % of BME and White and unknown Ethnicity by Band, AfC and VSM
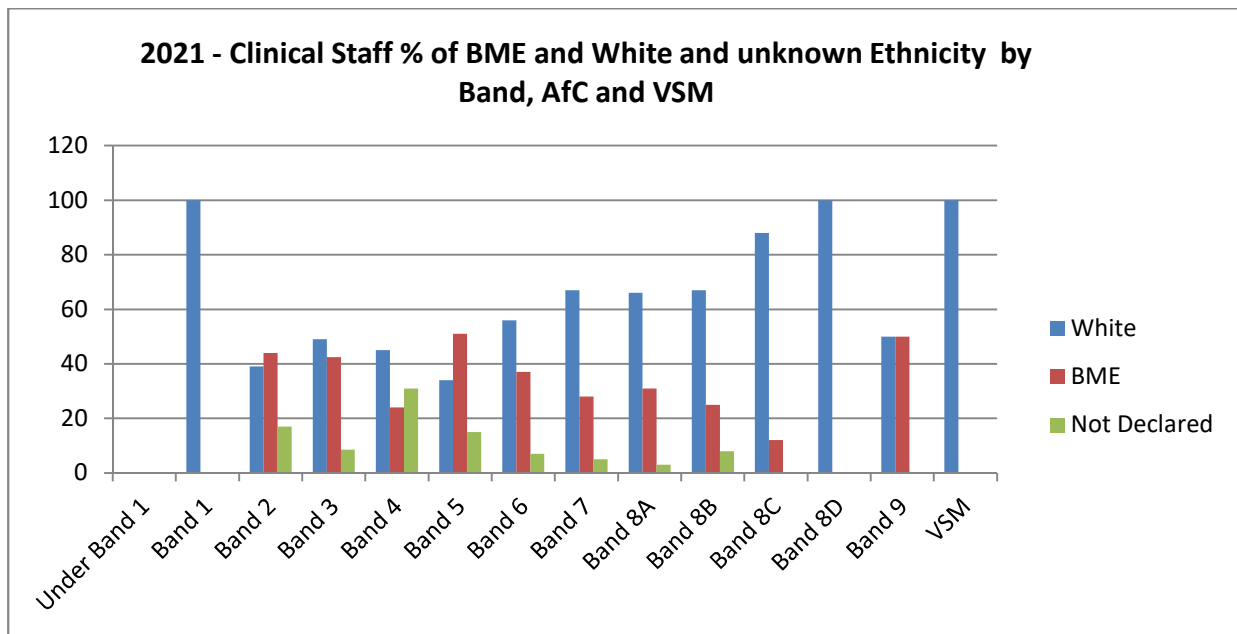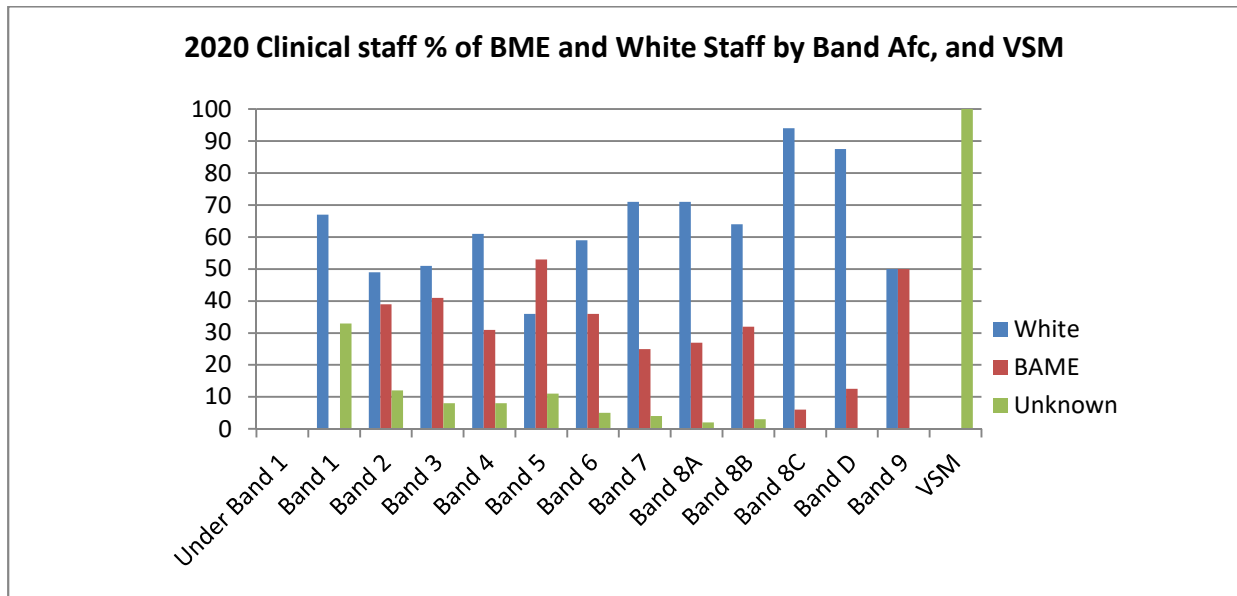
The tables above show that there has been a decline in the number of BME clinical staff at Band 8B and 8D with an increase at Band 8A and 8C.

1.5 Our medical and Dental Workforce

The Graphs below demonstrates the distribution of BME and White staff in Medical and Dental roles for both 2020 and 2021

2020 % of BME and White Medical and Dental Staff

2021 - % of BME, White and Not Declared Medical and Dental Staff
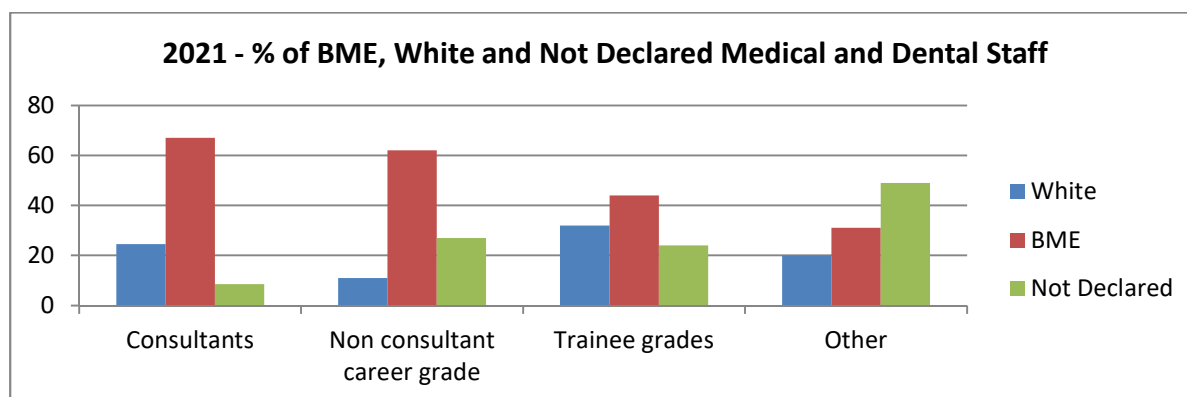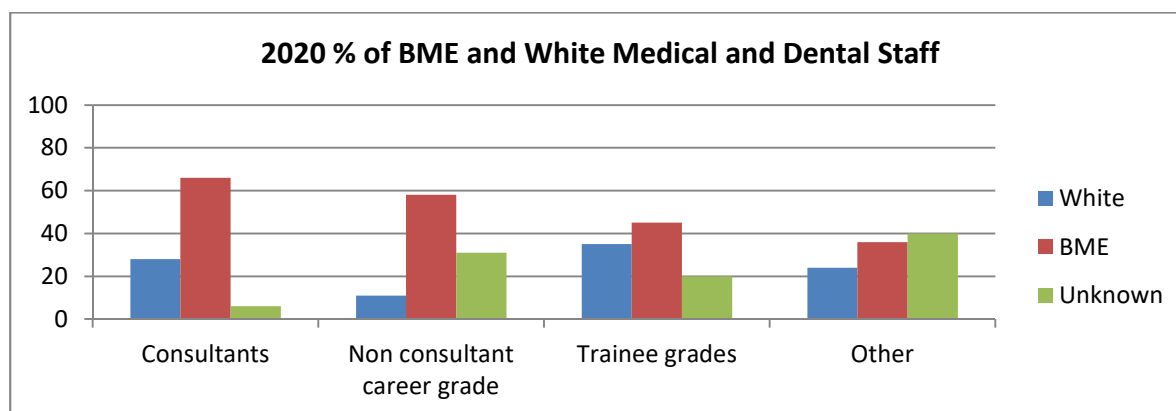
The tables above shows that the BME consultants have increased whilst the number of white consultants has declined. The number of BME Non consultant career grade have increased whilst the number of white Non consultant career grad have remained static. Both BME and White trainee grades have reduced whilst both BME and White other grade staff have increased.

2.0 Recruitment of BME Employees

This section describes the relative likelihood of staff being appointment from shortlisting across all posts.

The table below demonstrates the number of candidates shortlisted by BME or White in both 2020 and 2021

	2020	2021
White	2050	2533
BME	2682	3110

The table below demonstrates the number of candidates appointed by BME or White in both 2020 and 2021

	2020	2021
White	63	227
BME	70	221

Therefore in 2020 white candidates were 0.69 times more likely to be appointed and in 2021 white candidates are 1.26 times more likely to be appointed, than BME candidates this is an increase of 0.57. This could be due to the fact that the number of candidates who have not declared their ethnicity has greatly increased. THE Recruitment team are working on encouraging all candidates to declare their ethnicity.

3.0 Formal Disciplinary Process

The data below describes staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation for both White and BME employees for 2020 and 2021

				Answer Required		
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount	740	872	52
		35	Number appointed from shortlisting	Headcount	24	28	0
		36	Relative likelihood of appointment from shortlisting	Auto calculated	3.24%	3.21%	0.00%
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.01		

	2020	% of Total	2021	% of total
White	29	74.4%	20	27.7%
BME	8	20.5%	31	43.1%
Not Declared	2	5.1%	21	29.2%

The data demonstrates a 22.6% increase in formal disciplinarians for BME employees and 46.7% decrease of disciplinarians for White employees. These statistics should be viewed with caution as you will see that there has been a 24.1% increase in the Not Declared category which will have impacted on the declared categories.

4.0 Training & CPD

The table below demonstrates the % of staff for both White and BME who accessed non-mandatory training in 2020 and 2021.

				Answer Required			
3 — disciplinary process, as measured by entry into a formal disciplinary investigation. Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	39	Number of staff entering the formal disciplinary process	Headcount	29	8	2	20	31
	40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.80%	0.28%	0.30%	0.57%	1.04%
	41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		0.35			1.83
	42	Number of staff in workforce	Auto calculated	3641	2868	673	3533	2985

2020	White	BME	Not Declared
Total staff	3641	2868	673
Accessed training	189	115	61
% of total	5.2%	4.0%	9.0%

2021	White	BME	Not Declared
Total staff	3553	2985	862
Accessed training	476	246	53
% of total	13.4%	8.2%	6.1%

The data for 2020 showed that 1.2% more employees of white origin received non-mandatory training than BME. Whilst the data for 2021 shows that this increased to 5.2% more employees of white origin accessing non-mandatory training than BME employees. The data excludes localised development (e.g. shadowing, internal courses, on-the-job training, CPD and non-mandatory training for doctors). Reporting of these types of activities is difficult to collate and therefore was not included in the data submission. The increase in the gap between white and BME staff accessing non-mandatory training could be due to the high levels of impact of the Covid -19 infection on our BME colleagues.

5.0 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
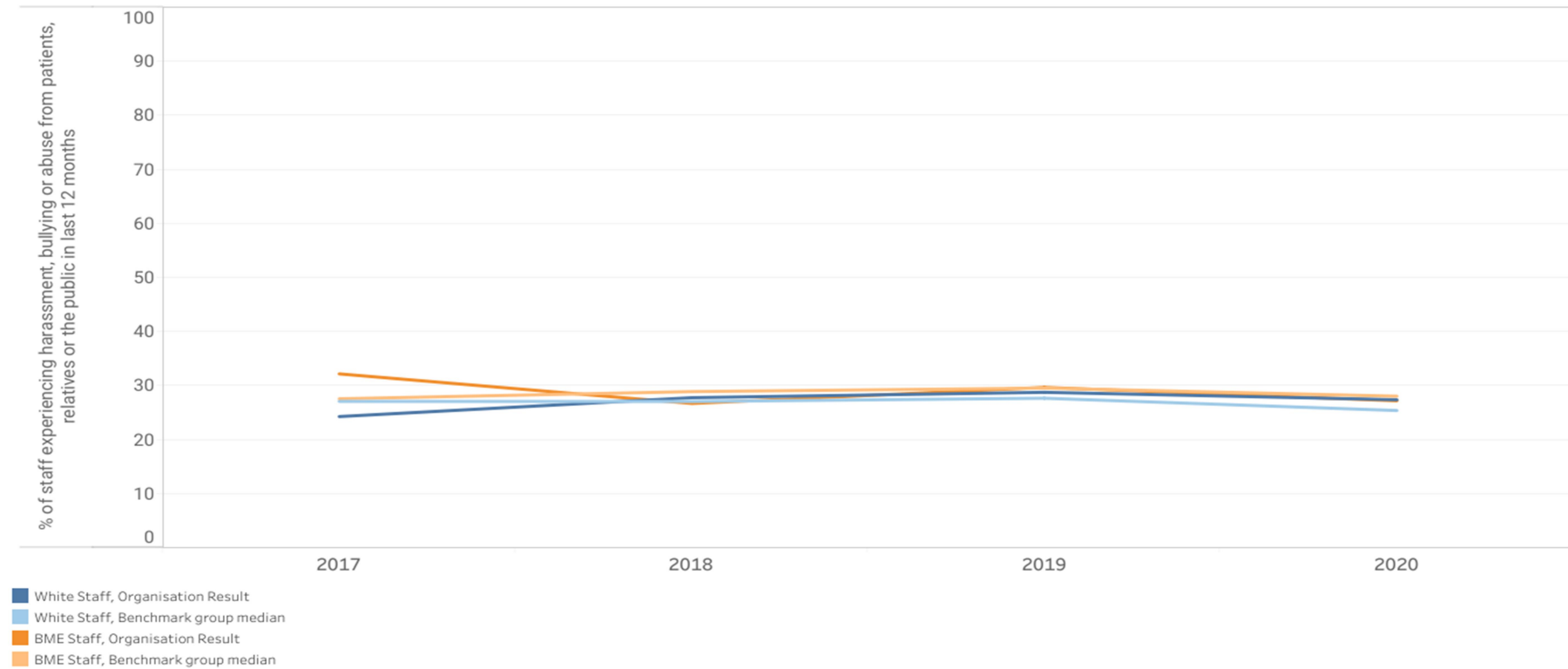
The percentage of white staff who have experienced harassment, bullying or abuse form patients, realties or the public in the last 12 months has reduced from 28.7% in 2019 to 27.4% in 2020 (1.3% decrease). The figure for the BME staff has reduced from 29.5% in 2019 to 28.0% in 2020 (1.5% decrease)

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WRES indicator:
Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

- ■ White Staff, Organisation Result
- ■ White Staff, Benchmark group median
- ■ BME Staff, Organisation Result
- ■ BME Staff, Benchmark group median

**6.0 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.**

The percentage of white staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased from 22.3% to 23.1% in 2020 (0.8% increase). The figure for the BME staff has increased from 28.2% in 2019 to 29.9% in 2020 (1.7% increase)

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WRES indicator:
Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
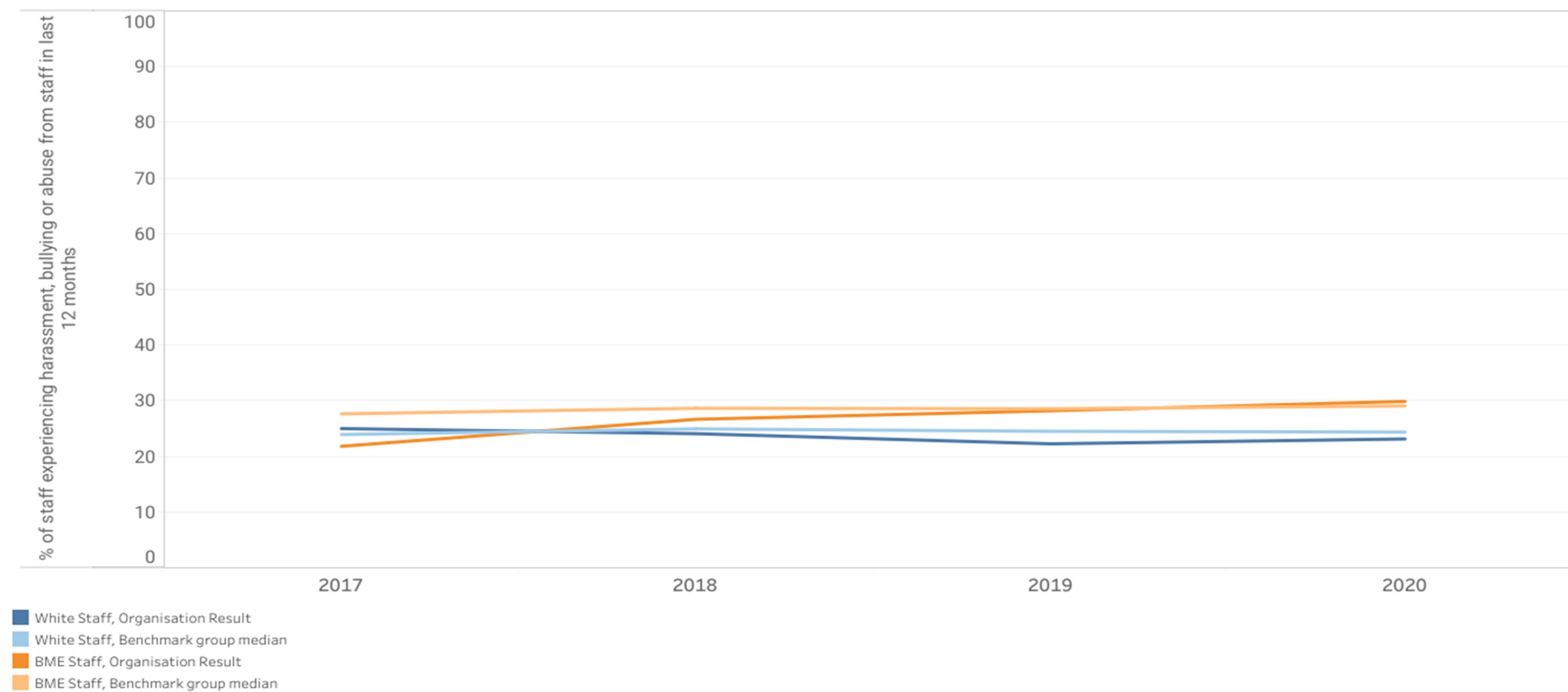
7.0 Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

The percentage of white staff who believes their organisation provides equal opportunities
For career progression or promotion had decreased from 85.9% in 2019 to 81.7% in 2020 (4.2% decrease). The figure for the BME staff has decreased from 71.5% in 2019 to 67.9% in 2020 (3.6% decrease).

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WRES indicator:
Indicator 7 - Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion
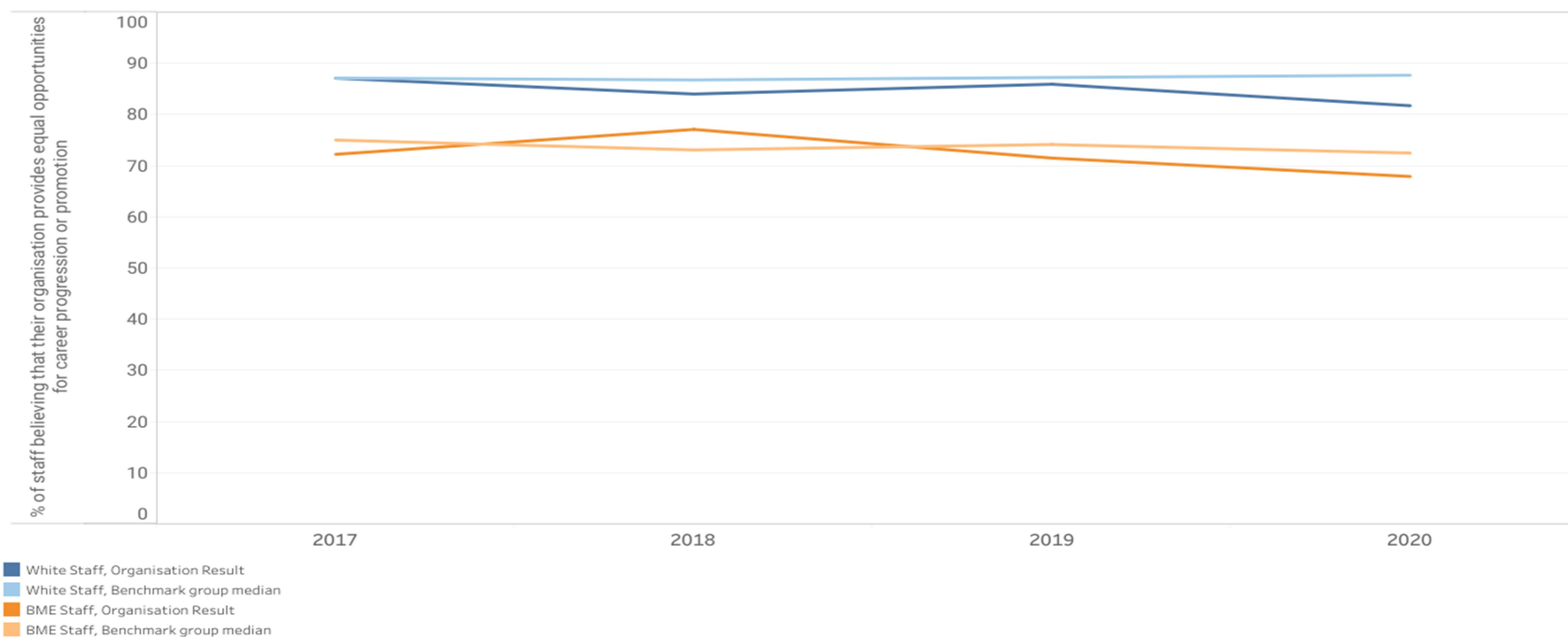
8.0 In the last12 months have you personally experienced discrimination at work form any of the following? – Manager/ team leader or other colleagues.

The percentages of white staff that have personally experienced discrimination form any of the following? – Manager/ team leader or other colleagues has increased form 5.2% in 2019 to 6.3% in 2020 (1.1% decrease). The figure for the BME staff has increased form 13.7% in 2019 to 15.8% in 2020 (2.1% increase).

Select an organisation:
Sandwell and West Birmingham Hospitals NHS Trust

Select a WRES indicator:
Indicator 8 - In the last 12 months have you personally experienced discrimination at work from any of the..
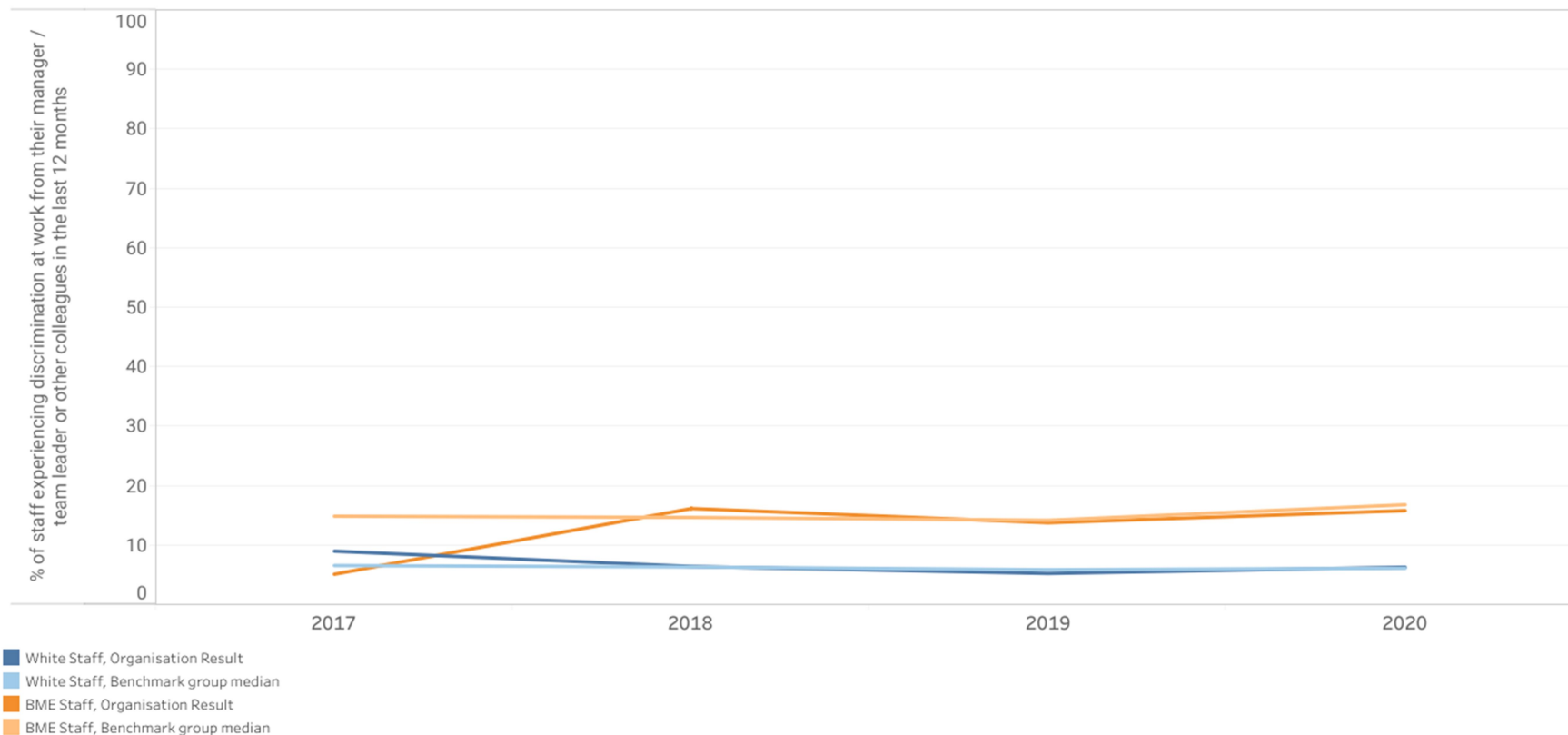
9.0 Board representation

The below tables indicate the Board Voting and Board Executive Membership by White and BME origins:

	C	D	E	F	G	H	I	J	K	L
65	46	Total Board members	Headcount	12	3	3	11	4	3	
66	47	of which: Voting Board members	Headcount	12	3	3	8	2	2	
67	48	: Non Voting Board members	Auto calculated	0	0	0	3	2	1	
68	49	Total Board members	Auto calculated	12	3	3	11	4	3	
69	50	of which: Exec Board members	Headcount	7	1	2	8	2	1	
70	51	: Non Executive Board members	Auto calculated	5	2	1	3	2	2	
71	52	Number of staff in overall workforce	Auto calculated	3641	2868	673	3533	2985	862	
72	53	Total Board members - % by Ethnicity	Auto calculated	66.7%	16.7%	16.7%	61.1%	22.2%	16.7%	
73	54	Voting Board Member - % by Ethnicity	Auto calculated	66.7%	16.7%	16.7%	66.7%	16.7%	16.7%	
74	55	Non Voting Board Member - % by Ethnicity	Auto calculated				50.0%	33.3%	16.7%	
75	56	Executive Board Member - % by Ethnicity	Auto calculated	70.0%	10.0%	20.0%	72.7%	18.2%	9.1%	
76	57	Non Executive Board Member - % by Ethnicity	Auto calculated	62.5%	25.0%	12.5%	42.9%	28.6%	28.6%	
77	58	Overall workforce - % by Ethnicity	Auto calculated	50.7%	39.9%	9.4%	47.9%	40.4%	11.7%	
78	59	Difference (Total Board - Overall workforce)	Auto calculated	16.0%	-23.3%	7.3%	13.2%	-18.2%	5.0%	

Voting	2020	2021
White	67%	67%
BME	17%	17%
Not Declared	16%	17%

Executive	2020	2021
White	70%	73%
BME	10%	18%
Not Declared	20%	9%

The data shows that there has been no change in the ethnicity of voting members of the board however there has been an increase in BME representation within the executive group. The not declared category within the voting members of the board remains the same as 2020, however there has been a drop in the non declared category for executive members by 11% in 2021.

10.0 What we have done so far:

Staff Networks

The People who work for the NHS are its greatest asset and when they feel supported and happy in work this positivity reaches those very people we are here for – the patients.

In our Trust we are committed to creating a more diverse and inclusive organisation, ensuring that we harness the talents of all our staff fully.

One of the ways we try to support this is through the development of specific staff networks that contribute to addressing and solving problems for all under-represented and disadvantaged groups and individuals within our organisation.

We have the following staff networks:

- Black and Minority Ethnic (BME) network

- Lesbian, Gay, Bisexual and Trans+ (LGBT+) network

- Disability and Long Term Conditions Staff network

- Muslim Liaison Group

We believe our staff networks offer a place for staff to come together, share experiences and facilitate learning and development. Networks assist in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific issues relating to each network.

Our staff networks will support a fairer and more diverse NHS for everyone. They will:

• Tackle issues for underrepresented and disadvantaged groups and individuals

• Offer a place to come together, share experiences and facilitate learning and development

• Help shape and deliver our organisational strategy and policy

• Improve the staff experience on specific issues relating to each network.

Cultural Ambassadors

We have introduced Cultural ambassadors into the organisation who are trained to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and grievance hearings involving ethnic minority staff.

With evidence showing that ethnic minority nursing staff in the NHS are over-represented in such processes, and as a result more likely to face sanctions, the role is supporting the organisations to make crucial changes and tackle racial discrimination.

In June 2021 we trained our first cohort of 14 cultural Ambassadors. The primary aim of the Cultural Ambassador is to address the disproportionate impact of BME staff entering informal and formal

Processes: The programme is aimed directly at WRES, WDES data to:

- Reduce the number of BME staff disproportionately affected by the employment relations process
- Improve the experience of BME staff whilst in the informal or informal processes
- Improve the experience of BME applicants in the recruitment and selection process.

BME Staff Network

- We have a BME Staff Network and membership is open to staff from BME heritage, and those with a positive interest in driving forward race equality within NHS England as an individual employer. The Black and Minority Ethnic (BME) Staff Network is staff group aimed at supporting and improving the working lives of our BME staff and empowering them to succeed within our organisation.

MLG Staff Network

- We have a Muslim Liaison Group (MLG) staff network. This consists of Muslim members of staff who meet quarterly, and who also assist in organising Eid celebrations, Islam Awareness Week as well as the on-going running and development of the Prayer Room

Raising Awareness

In partnership with the Black Country & West Birmingham ICS, we have delivered a number of Education & Awareness Events in 2021 (March, April and May) this includes:

- Gas lighting and Macroaggressions sessions
- How to be an effective ally workshops
- 5 Race and Space podcasts – White Privilege/Who are BAME?/The White Experience & White Allies/Macroaggressions/Next Steps.

Just and Learning Culture and Workplace Civility

A just culture is a culture of trust, learning and accountability. It is about how we create psychological safety by giving people the confidence to raise issues and enable learning from things that go wrong, but also holding people to account for undesirable performance or conduct.

We are committed to implementing a culture where patient safety is improved and our staff feel more secure in decisions they make. We know that creating a safe and transparent environment encourages reporting of mistakes and hazards and ultimately improves the care we provide to our patients.

As part of our journey towards transforming our culture and improving staff experience we are working on embedding just and learning principles within our HR processes. There are four key areas of focus within this programme of work:

- Transforming our policy and practice
- Communication, awareness, training and culture change
- Wellbeing support for staff going through formal processes
- Board oversight and assurance

A draft framework has been developed aligned to just and learning principles and is in the process of being piloted within two Groups. The findings of this pilot will inform the implementation of the four core areas identified above.

As part of this programme of work we will also explore how we create a culture of civility and respect and how this is embedded within the work that we are undertaking around the development of our values and behavioural framework as well our new leadership framework (aligned to the proposed 6 domains of our new people plan).

11.0 Trust Action Plan 2020/21 The work below will feed into our wider EDI action plan with leads and timelines included.

	WRES Action plan		Date: August 2021			
WRES Action point	WRES Indicator	Action	Who	Start Date	Status	Comments
1	1 and 4	Career progression for those who have attended Stepping-up is tracked	EDI Team	Dec -21		Not yet started
2	1 and 4	Secondment / acting up opportunities for BME staff who have attended the Stepping UP programme.	EDI Team/ Head of Recruitment.	Dec-21		Not yet started
3	1 and 4	Coaching and Mentoring to be made available to BME employees, in particular to support career progression. Outcomes for all attendees to be tracked and evaluated via survey.	Head of Learning and Development /EDI team to oversee.	On-Going		In Progress
4	All	Further data analysis: For all indicators by sub-group of BME to identify any trends by Clinical Group/Directorate/Job Role.	EDI Team.	Dec-21		Not yet started
5	2	BME Panellists to give qualitative feedback on interview process and identify improvements	EDI Team/Recruitment &HR	Oct -21		Not yet Started
6	4	20 BME role models trained as Trust Mentors	Head of Learning and Development /EDI Team	Dec - 21		Not yet Started
7	2	Review Recruitment Procedure (This is an area that has generated a significant number of concerns raised by and on behalf of BAME staff and it has been identified that this procedure needs	Diversity and Inclusion Lead/Del Radway. (Engagement with Network leads, Recruiting Managers. Need to decide sign off as a Procedure not a Policy	Oct-21		Not yet started

		more definitive terms and safeguards to ensure that potential discrimination in employment processes is minimised).	(therefore doesn't need JCNC or committee ratification). Look at areas of concerns and narrative).			
8	9	Board commitment to an anti-racism stance for the Trust and what that means. (A key top down approach that is uncompromising in message and commitment).	CEO/Director of People and OD	Dec-21		Not yet Started
9	4	Education – availability of resources and courses (An ongoing review of information and training to support the development of staff and Managers in this area. We are evaluating and updating both intranet and internet pages).	EDI Team/ /Head of Learning & Development.	Dec - 21		Not yet Started
10	All	Group EDI Champions (This will cover the full EDI remit but will ensure a greater involvement, understanding and commitment to BAME issues. Aiming for 1 person per Group maybe 2 for larger Groups such as Medicine and EC).	EDI Team	Dec-21		Not yet Started